



PATENT

Docket No. 979-1114

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Machicoane
Serial No. : 10/522,487
Filed : April 14, 2005

Group Art Unit: 3628
Examiner: Brian Epstein

For: USER GUIDANCE SYSTEM IN A PAY POINT NETWORK

CERTIFICATE OF MAILING (37 C.F.R. 1.8a)

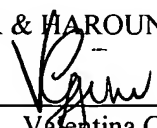
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I hereby certify that the attached Amendment, Amendment Transmittal, and Return Postcard, along with any paper(s) referred to as being attached or enclosed and this Certificate of Mailing are being deposited with the United States Postal Service on the date shown below with sufficient postage as first-class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450 Alexandria, V.A. 22313-1450.

Respectfully submitted,

SOFER & HAROUN, L.L.P.

By: 
Valentina Gjini

Date: May 11, 2009

Mailing Address:

SOFER & HAROUN, L.L.P.
317 Madison Avenue, Suite 910
New York, New York 10017
Tel:(212)697-2800
Fax:(212)697-3004
Customer No.: 39600



PATENT

Docket No. 979-114

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Machicoane
Serial No. : 10/522,487
Filed : April 14, 2005
For : USER GUIDANCE SYSTEM IN A PAY POINT NETWORK

Group Art Unit: 3628
Examiner: Brian Epstein

AMENDMENT FEE TRANSMITTAL

Mail Stop Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

☒ No additional fee is required.

☐ The additional fee has been calculated as shown below:

CLAIMS AS AMENDED

| | Claims Remaining After Amendment | | Highest No. Covered by Previous Payments | Present Extra | Rate | Additional Fee |
|--|---|---|---|------------------|------------|-------------------|
| Total Claims* | 20 | - | 20 | =0 | x \$50.00 | \$ _____ |
| Independent Claims | 3 | - | 3 | =0 | x \$200.00 | \$ _____ |
| Multiple Dependent Claim(s) | (If claims added by amendment include Multiple Dependent Claim(s) and there was no Multiple Dependent Claim(s) in application before amendment add \$260.00 to additional fee.) | | | | | \$ _____ |
| | | | | | Total: | \$ _____ |
| <input type="checkbox"/> Verified Statement of "Small Entity" Status Under 37 CFR § 1.27 filed _____. Reduced Fees Under 37 CFR § 1.9(f) (50% of total) paid herewith. | | | | | | |
| | | | | | | \$ _____ |

* Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. § 1.75(c).

- ☐ Charge fee to Deposit Account No. 19-2825 . Order No. _____
A DUPLICATE COPY OF THIS SHEET IS ATTACHED.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No.19-2825. Order No. 979-114.
A DUPLICATE COPY OF THIS SHEET IS ATTACHED.
- ☐ ___ Page(s) of substitute Sequence Listing
- ☐ ___ Computer disk(s) containing substitute Sequence Listing
- ☐ Statement under 37 C.F.R. § 1.825(b) that the computer and paper copies of the substitute Sequence Listing are the same.
- ☐ A check in the amount of \$_____ to cover the filing fee is attached.

Respectfully submitted,

SOFER & HAROUN L.L.P.

Dated: May 11, 2009

By: _____
Joseph Sofer

Registration No. 34,438

Mailing Address:

SOFER & HAROUN L.L.P.
317 Madison Avenue
New York, New York 10017
(212) 697-2800
Fax: (212) 697-3004
Customer No.: 39600